



Chartered
Professional
Accountants

CLIENT INFORMATION FORM

Client and Spouse

Name(s)	Date of Birth	SIN	Canadian Citizen (Y/N)

Marital Status SINGLE COMMON-LAW MARRIED SEPARATED DIVORCED WIDOWED

Date of Marital Status Change (if applicable) _____

Dependents

Name(s)	Date of Birth	SIN	Canadian Citizen (Y/N)

Address and Contact Information

Home Address: _____

 City Province Postal Code

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

E-mail Address: _____

Additional Information

Are you self-employed? YES NO **If so, in what province?** _____

Do you own foreign property worth over \$100,000 CDN? YES NO

How did you hear about us? _____